



TANANA CHIEFS CONFERENCE

ATTN: Energy Assistance
 122 First Avenue, Suite 600
 Fairbanks, Alaska 99701
1-800-478-6822 ext. 3457
 or (907) 452-8251

**MAIL APPLICATION AND ALL REQUIRED PROOFS OF
 INCOME TO THE ABOVE ADDRESS**

FOR CENTRAL OFFICE USE

Date Received:

- ☐ Pending Additional Info.
- ☐ Income Verification
- ☐ Vendor Agreement
- ☐ Other Household Info.
- ☐ Application Approved
- ☐ Application Denied
- ☐ Benefit Level # _____
- ☐ Weatherization

ENERGY ASSISTANCE/WEATHERIZATION APPLICATION

APPLICATION DEADLINE is April 30, 2014

Applications Postmarked or received after April 30, 2014 will not be considered for assistance

The TCC Low Income Home Energy Assistance Program assists with home heating, emergency heating and weatherization expenses. Both homeowners and renters (even if heat is included in rent) may apply. Eligibility is based on your household's size and gross income during the previous calendar month prior to the month you apply.

To expedite your request for assistance, ask your local TFYS, TWDS or other Authorized Tribal Representative to check your application for completeness and accuracy. They can verify the information that you've provided by signing on the bottom of the last page. You must provide proof of your Social Security Number (i.e. social security card, tribal membership card, or State of Alaska I.D. card) and have copies of letters or check stubs that verify all the income information that you indicated in your application. We cannot process your application without proof of all household members' monthly income for the previous month and the Social Security Number of the head of the household.

**PLEASE COMPLETE EACH SECTION OF THE APPLICATION AND PROVIDE DOCUMENTATION OR
 ASSISTANCE MAY BE DELAYED OR DENIED.**

HOUSEHOLD MEMBERS		
1. Name of Head of Household (Applicant)	Birth Date	Social Security Number
Mailing Address	AK Native/American Indian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address	Occupation	Daytime or Message Phone
City/Village	Zip Code	Community/Village Name
Email:		

As head of household, did you work or receive income during the previous month prior to this application? ☐ Yes ☐ No

Other Household Members Name <i>List ALL People living in this Household</i>	Birth Date	Relationship to Applicant <i>(child, spouse, etc.)</i>	Disabled?	Social Security #
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.			<input type="checkbox"/> Yes <input type="checkbox"/> No	

HOUSEHOLD INCOME

Are you or anyone in your household receiving:



Food Stamps ☐ Yes ☐ No
 ATAP-Alaska Temporary Assistance Program..... ☐ Yes ☐ No
 ASAP-Athabaskan Self-Sufficiency Assistance Partnership ☐ Yes ☐ No
 Supplemental Security Income..... ☐ Yes ☐ No
 Social Security..... ☐ Yes ☐ No
 Adult Public Assistance ☐ Yes ☐ No
 Veteran's Benefits..... ☐ Yes ☐ No
 Unemployment Insurance Benefits ☐ Yes ☐ No



REPORTING \$0 INCOME, for you and/or your household members for the 30 days prior to the month of application, **please include signatures of two people (not from your household) who can verify.**

I verify that the household members on this application have not received any type of income for the reporting period.

1. _____
 Name Date
 2. _____
 Name Date

Report any and all gross income received by any member of your household for the 30 days prior to the month of application. **Please explain any gaps in receipt of the income described below.**

Application Signed In:	Provide proof of all income received in:
October 	September
November 	October

Application Signed In:	Provide proof of all income received in:
January 	December
February 	January

Examples of income include the following:

TYPES OF INCOME

(WA) Wages (TI) Tips or Gratuities (ATAP) Alaska Temporary Assistance Program (ASAP) Athabaskan Self-Sufficiency Assistance Partnership (SSA) Social Security (SSI) Supplemental Security Income (GR) General Relief	(GA) BIA General Assistance/TWEP (UI) Unemployment Insurance (VB) Veterans' Benefits (APA) Adult Public Assistance-OAA, APD, AB (RI) Rental Income (CS) Alimony and Child Support (WC) Workers Compensation	(CO) Cash outs of Retirement or Pension (SE) Self-Employment (DI) Dividends & Interest (PE) Pension (other than Veteran's Benefits) (SL) Student Loans (SG) Student Grants (OT) Other (please explain)
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Names of all household members who received income in the previous month. List 1 month income for ALL members of your household.	Type of Income (see categories above)	Gross Income from the previous month	Form of Proof Sent with Application (copy of check, etc.)	FOR OFFICE USE ONLY
TOTAL - Household income for the previous month			VERIFIED INCOME	

YOUR APPLICATION WILL BE DELAYED OR DENIED, IF YOU DO NOT ATTACH ALL PROOF OF INCOME FOR HOUSEHOLD MEMBERS FOR THE 30 DAYS PRIOR TO THE MONTH OF APPLICATION. Examples of proof of income include: Wage stubs or a letter from your employer or the agency awarding you benefits, award letters, direct deposit slips, copies of checks, or if self-employed, a profit loss statement listing all income received and reasonable business expenses for the 30 days.

If you had little or no income and are NOT receiving Food Stamps, ATAP or Adult Public Assistance; indicate how you are meeting your living expenses for food and shelter.

- ☐ Subsistence lifestyle
☐ Personal savings
☐ Other; please explain _____

HOME HEATING INFORMATION

WHAT IS THE PRIMARY HEATING SOURCE OF YOUR HOME? _____

PLEASE CHECK ONE. ☐ Wood ☐ Oil ☐ Coal ☐ Other _____

Do you currently heat your home with a Toyo or Monitor oil stove or other oil stove rated at 85% or above efficiency? ☐ Yes ☐ No

Heating Vendor/Supplier	Name Appearing on Your Bill	Estimated Yearly Fuel Expense	Average quantity of Oil or Wood You Use Each Year
Name of Your Fuel Oil/Heating Vendor			
Name of Your Wood Vendor			

HOUSING INFORMATION

TYPE OF HOUSING YOU LIVE IN (check one):

- | | | | |
|------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> 1-3 attached units | <input type="checkbox"/> Travel Trailer (less than 35 ft.) | <input type="checkbox"/> Pick-up Camper* |
| <input type="checkbox"/> House | <input type="checkbox"/> 4 or more attached units | <input type="checkbox"/> Mobile Home (35 ft. + OR with lean-to for extra living space) | <input type="checkbox"/> Boarding Home* |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Group Home | <input type="checkbox"/> Tent * | <input type="checkbox"/> Hotel or Motel * |
| <input type="checkbox"/> Cabin | <input type="checkbox"/> Military Housing | | |

***Please provide proof of residency**

Are you billed directly for your home heating expenses? ☐ Yes ☐ No

OR is your home heating included in your rent? ☐ Yes ☐ No

OR if neither of the above, please explain: _____

NOTE: If you are house-sitting, please provide proof that you are paying heating costs.

Please check if you: ☐ own your home? ☐ are Buying? ☐ are Renting? Amount paid per Month? _____

If you are renting:

a. Is your rent subsidized by:

☐ ASHA ☐ HUD ☐ Section 8

☐ FHA ☐ Not subsidized

b. Who is the Owner, Landlord or Manager
Name _____

☐ Other* _____ Address _____

*Please explain: _____ Phone Number _____

EMERGENCY ASSISTANCE

IF YOU ARE IN DANGER OF RUNNING OUT OF HOME HEATING FUEL OR HAVING YOUR HEATING UTILITY SERVICE DISCONNECTED, CONTACT TCC IMMEDIATELY AT 1-800-478-6822, EXT. 3457 or (907) 452-8252, EXT. 3457

Use this space for any additional information – for comments about this program or any other information you feel is important for us to know in considering your application.

IMPORTANT NOTICE ABOUT YOUR RIGHTS

Fair Hearing

Any person whose application is denied or not acted upon with reasonable promptness (within 30 days from the receipt of a completed application or within 30 days from the receipt of funding from the granting agency) or whose benefits are reduced or terminated, has a right to a fair hearing before the Tanana Chiefs Conference, Inc. Family Services Department Director.

If you desire a hearing you may request it by telephone, in person, or in writing, through the Director of Family Services, Tanana Chiefs Conference, Inc. 122 First Avenue, Suite 600, Fairbanks, Alaska 99701. You must make your request within 30 days after you are mailed a notice of decision on your application.

Tanana Chiefs Conference, Inc. Family Services staff are available to help you request a hearing. At the hearing you may represent yourself. You may also be represented (at your own expense) by legal counsel or by another person of your choice.

Civil Rights

The Civil Rights Act of 1974 states "No person in the United States, on the ground of race, color, or national origin, shall be excluded from participating or being denied the benefits of federal assistance." If you feel you have been discriminated against, you may file a complaint with Tanana Chiefs Conference, Inc. Family Services or with the United States Department of Health and Human Services.

AGREEMENT TO RECEIVE ENERGY ASSISTANCE

If your household receives assistance, you must agree to all of the statements below. Any member of your household who deliberately breaks any rules and receives benefits to which they are not entitled will be sanctioned from receiving future assistance until they repay the benefits and may be prosecuted.

- ✓ I agree to notify TCC, Family Services of any changes in address or number of household members within 10 days from the date of the change.
- ✓ I understand that a TCC representative may call my home, and may contact other people in order to verify my eligibility for assistance. I also understand that the information I give, may be verified by computer cross-matching with other state or federal agencies.
- ✓ I authorize the State of Alaska; Department of Labor, Child Support Enforcement Division, to release to TCC, Family Services information about my eligibility for unemployment insurance, work credits and support amounts received. I authorize the Alaska Division of Public Assistance, the U.S. Social Security Administration, Bureau of Land Management and Bureau of Indian Affairs to release to TCC, Family Services, employment, income and/or benefit information relating to myself and any of the household members included in this application for the purpose of determining eligibility for assistance through this program.
- ✓ I authorize the Tanana Chiefs Conference, Inc. Family Services to communicate with my vendor(s) and other private, state and federal agencies on my behalf, as it relates to the Low Income Home Energy Assistance Program.
- ✓ I understand that my household **can submit only one Energy Assistance Program application per year**, from either TCC the State of Alaska or other state or tribal LIHEAP and certify that this is the only application submitted from or on behalf of my household for assistance between October 1 to September 30 of the current federal fiscal year.
- ✓ **I certify under penalty of perjury, that the statements made regarding the persons in my home and their income, and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.**
- ✓ **I UNDERSTAND THAT IT IS AGAINST THE LAW TO MAKE FALSE STATEMENTS AND THAT I AM SUBJECT TO PROSECUTION IF I DO.**

➔ SIGN HERE

TODAY'S DATE

Did You Remember To:

☐ **INCLUDE PROOF OF INCOME FOR THE 30 DAYS PRIOR FOR THE MONTH OF APPLICATION ON EACH PERSON IN YOUR HOUSEHOLD. DO NOT SEND BANK STATEMENTS**

☐ Make sure each section was complete,

☐ Read the agreement above,

☐ Provided Proof of Social Security Numbers for ALL members of the household

☐ Signed and dated your application and

☐ Have your Authorized Tribal Representative sign below (**Note: this applies only if you reside in a tribal community**).

Has the information in this application been verified by an Authorized Tribal Representative

☐ Yes ☐ No

NAME OF TRIBAL REPRESENTATIVE

DATE

TITLE